

REPORT OF DOD PASSPORTS AND PASSPORT AGENT SERVICES <small>(See DoD 1000.21-R for form completion instructions.)</small>			REPORT CONTROL SYMBOL	
1. PERIOD OF REPORT				
a. FROM <div style="text-align: center;">January 1,</div>		b. TO <div style="text-align: center;">December 31,</div>		
2. REPORTING ORGANIZATION				
a. NAME AND COMPLETE MAILING ADDRESS <i>(Include Street Address, Post Office Box, Building Number, Room Number, and 9-digit ZIP Code)</i>			b. TELEPHONE NUMBERS <i>(Include Area Code)</i>	
			(1) Commercial	
			(2) DSN	
			(3) FAX <i>(If applicable)</i>	
3. PASSPORT AGENTS CURRENTLY APPOINTED TO OFFICE / UNIT <i>(Include grade, Agent Identification Code (AIC), and date of designation)</i>				
NAME <i>(Last, First, Middle Initial)</i> a.		GRADE b.	AIC c.	DATE OF DESIGNATION d.
4. NUMBER OF DOD PASSPORT APPLICATIONS EXECUTED DURING PERIOD OF REPORT				
a. NO-FEE REGULAR		b. OFFICIAL		c. DIPLOMATIC
				d. REGULAR FEE <i>(Incidental to No-Fee)</i>
5. REMARKS				
6. REPORTING OFFICIAL				
a. NAME <i>(Last, First, Middle Initial)</i>		b. GRADE		c. POSITION TITLE
d. SIGNATURE				e. DATE SUBMITTED